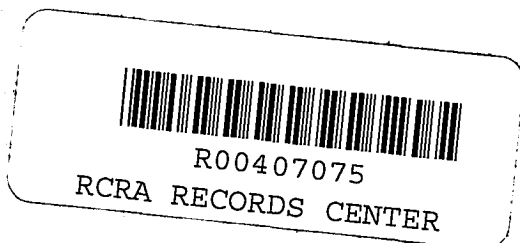


MAIL THE COMPLETED FORM TO: The Appropriate EPA Regional or State Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		RECEIVED JAN 14 2002
1. Reason for Submittal (see instructions on page 10) CHECK CORRECT BOX(ES)	Reason for Submittal: <input type="checkbox"/> To provide initial notification (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide subsequent notification (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (see instructions on page 11)	EPA ID Number: <u>1010101017113121910131</u>		
3. Site Name (see instructions on page 11)	Name: <u>NORTHROP GRUMMAN INTERCONNECT TECHNOLOGIES</u>		
4. Site Location Information (see instructions on page 11)	Street Address: <u>4811 W. KEARNEY</u> City, Town, or Village: <u>SPRINGFIELD</u> State: <u>MO</u> County Name: <u>GREENE</u> Zip Code: <u>65803</u>		
5. Site Land Type (see instructions on page 11)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (see instructions on page 11)	A. <u>334412</u> B. _____ C. _____ D. _____		
7. Site Mailing Address (see instructions on page 12)	Street or P. O. Box: <u>SAME</u> City, Town, or Village: _____ State: _____ Country: _____ Zip Code: _____		
8. Site Contact Person (see instructions on page 12)	First Name: <u>NEIL</u> MI: <u>B</u> Last Name: <u>SCHAFER</u> Phone Number: <u>417-829-5350</u> Phone Number Extension: _____		
9. Legal Owner and Operator of the Site (see instructions on pages 12 and 13)	A. Name of Site's Legal Owner: <u>NORTHROP-GRUMMAN</u> Date Became Owner (mm/dd/yyyy): <u>APR-1-2001</u> Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other B. Name of Site's Operator: <u>NORTHROP-GRUMMAN INTERCONNECT TECH</u> Date Became Operator (mm/dd/yyyy): <u>APR-1-2001</u> Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		



30 MAY 2002
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Same as Page 1 of EPA Form 8700-12
Same as Page 1 of EPA Form 8700-23

10. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. See instructions on pages 13, 14, 15, and 16)**A. Hazardous Waste Activities****1. Generator of Hazardous Waste**

(choose only one of the following three categories)

- ☒ a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or
- ☐ c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste

In addition, indicate other generator activities (check all that apply)

- ☐ d. United States Importer of Hazardous Waste
- ☐ e. Mixed Waste (hazardous and radioactive) Generator

For Items 2 through 6, check all that apply:

- ☐ 2. Transporter of Hazardous Waste
- ☐ 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
- ☐ 4. Recycler of Hazardous Waste (at your site) Note: A hazardous waste permit may be required for this activity.
5. Exempt Boiler and/or Industrial Furnace
- ☐ a. Small Quantity On-site Burner Exemption
- ☐ b. Smelting, Melting, Refining Furnace Exemption
- ☐ 6. Underground Injection Control

B. Universal Waste Activities**1. Large Quantity Handler of Universal Waste [refer to your State regulations to determine what is regulated]. Indicate types of universal waste generated and/or accumulated at your site. (check all boxes that apply):**

	<u>Generated</u>	<u>Accumulated</u>
a. Batteries	<input type="checkbox"/>	<input type="checkbox"/>
b. Pesticides	<input type="checkbox"/>	<input type="checkbox"/>
c. Thermostats	<input type="checkbox"/>	<input type="checkbox"/>
d. Lamps	<input type="checkbox"/>	<input type="checkbox"/>
e. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>
g. Other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>

2. Destination Facility for Universal Waste

Note: A hazardous waste permit may be required for this activity.

C. Used Oil Activities**1. Used Oil Transporter - Indicate Type(s) of Activity(ies)**

- ☐ a. Transporter
- ☐ b. Transfer Facility

2. Used Oil Processor and/or Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Processor
- ☐ b. Re-refiner

3. Off-Specification Used Oil Burner**4. Used Oil Fuel Marketer - Indicate Type(s) of Activity(ies)**

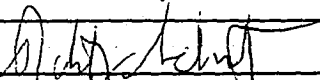
- ☐ a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

11. Description of Hazardous Wastes (see instructions on pages 16 and 17)**A. Waste Codes for Federally Regulated Hazardous Wastes.** Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

D008						
F006						
F003						
D003						

8000 79A SX

[illegible][illegible]

Signature of owner, operator, or an authorized representative	Name and Official Title (type or print)	Date Signed (mm/dd/yyyy)
	Bob SCHUTZ, PRESIDENT	01/10/2008

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO: 000101017152903

U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) WASTE WATER TREATMENT SLUDGE FROM ELECTROPLATING				
B. EPA hazardous waste code (page 22) F1006		C. State hazardous waste code (page 22)			
D. Source code (page 23) G123 Management Method code for Source code G25 H		E. Form code (page 23) W5104	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) 471752.0	H. UOM (page 23) 1 Density (page 24) <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) H	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24) H	Quantity treated, disposed, or recycled on site in 2001 (page 25)	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input checked="" type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) A2098073551010	C. Off-site Management Method code Shipped to (page 26) H010	D. Total quantity shipped in 2001 (page 26) 471752.0
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26) H	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26) H	D. Total quantity shipped in 2001 (page 26)

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO: W1001 007 152 903



U.S. ENVIRONMENTAL PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) LEAD CONTAMINATED FILTERS				
B. EPA hazardous waste code (page 22) D008		C. State hazardous waste code (page 22)			
D. Source code (page 23) G103	Management Method code for Source code G25 H	E. Form code (page 23) W319	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) 25490	H. UOM (page 23) 1 Density (page 24) <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)			
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site Management Method code (page 24) H	Quantity treated, disposed, or recycled on site in 2001 (page 25)	On-site Management Method code (page 24) H	Quantity treated, disposed, or recycled on site in 2001 (page 25)	

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) TX10 0515 141 378	C. Off-site Management Method code Shipped to (page 26) H040	D. Total quantity shipped in 2001 (page 26) 25490
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26) H	D. Total quantity shipped in 2001 (page 26)
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26)	C. Off-site Management Method code Shipped to (page 26) H	D. Total quantity shipped in 2001 (page 26)

Comments:

Over →

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO: W000007152903U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>CONTAMINATED DEBRI (SOIL, CONCRETE, WOOD...)</u>				
B. EPA hazardous waste code (page 22) <u>F0016</u>		C. State hazardous waste code (page 22) _____			
D. Source code (page 23) <u>G132</u> Management Method code for Source code G25 <u>H</u>	E. Form code (page 23) <u>W301</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>29834.0</u>	H. UOM (page 23) <u>1</u> Density (page 24) <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____	On-site Management Method code (page 24) <u>H</u> Quantity treated, disposed, or recycled on site in 2001 (page 25) _____

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>IL1000805812</u>	C. Off-site Management Method code Shipped to (page 26) <u>H132</u>	D. Total quantity shipped in 2001 (page 26) <u>29834.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO: MD0007152903U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1	A. Waste description (page 22) <u>CLEANING CLOTHS CONTAMINATED WITH FLAMMABLE SOLVENTS</u>				
B. EPA hazardous waste code (page 22) <u>F1003</u>		C. State hazardous waste code (page 22) _____			
D. Source code (page 23) <u>G108</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W1002</u>	F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>1750.0</u>	H. UOM (page 23) <u>1</u> Density (page 24) <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____	On-site Management Method code (page 24) <u>H</u>
		Quantity treated, disposed, or recycled on site in 2001 (page 25) _____

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>TN0000780403</u>	C. Off-site Management Method code Shipped to (page 26) <u>H050</u>	D. Total quantity shipped in 2001 (page 26) <u>1750.0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____

Comments:

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME:

EPA ID NO: W1010107152903U.S. ENVIRONMENTAL
PROTECTION AGENCY

2001 Hazardous Waste Report

FORM
GMWASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 19 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. 1		A. Waste description (page 22) <u>GOLD CYANIDE CONTAMINATED PLATINUM CLOTHS</u>			
B. EPA hazardous waste code (page 22) <u>D10103</u>		C. State hazardous waste code (page 22) _____			
D. Source code (page 23) <u>G103</u> Management Method code for Source code G25 <u>H</u>		E. Form code (page 23) <u>W10102</u>		F. RCRA radioactive mixed (page 23) <input type="checkbox"/> Yes	G. Quantity generated in 2001 (page 23) <u>8</u> <u>0</u>
				H. UOM (page 23) <u>1</u> Density (page 24) <input type="checkbox"/> lbs/gal <input type="checkbox"/> sg	

Sec. 2	Was any of this waste managed on site? (page 24) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. 3)	
ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2
On-site Management Method code (page 24) <u>H</u>	Quantity treated, disposed, or recycled on site in 2001 (page 25) _____	On-site Management Method code (page 24) <u>H</u>
		Quantity treated, disposed, or recycled on site in 2001 (page 25) _____

Sec. 3	A. Was any of this waste shipped off site in 2001 for treatment, disposal, or recycling? (pages 25 and 26) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)		
Site 1	B. EPA ID No. of facility to which waste was shipped (page 26) <u>W101010515109108115</u>	C. Off-site Management Method code Shipped to (page 26) <u>H10713</u>	D. Total quantity shipped in 2001 (page 26) <u>8</u> <u>0</u>
Site 2	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____
Site 3	B. EPA ID No. of facility to which waste was shipped (page 26) _____	C. Off-site Management Method code Shipped to (page 26) <u>H</u>	D. Total quantity shipped in 2001 (page 26) _____

Comments:

~~12 APR 2002~~